



LFW

PATENT
1501-1323

IN THE U.S. PATENT AND TRADEMARK OFFICE

In re application of

Oscar BRAVO et al.

Conf. 9553

Application No. 10/501,410

Group 2113

Filed: July 15, 2004

Examiner Unknown

TITLE: IDENTIFICATON OF DELIVERY OBJECTS

**LETTER SUBMITTING
SUPPLEMENTAL APPLICATION DATA SHEET**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

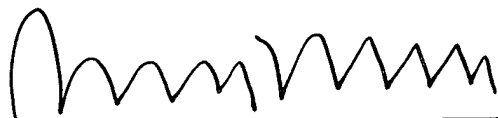
May 8, 2006

Sir:

We enclose herewith the substitute Application Data Sheet (ADS), changing the attorney docket number from "1505-1050" to 1501-1323. No new matter is added.

Respectfully submitted,

YOUNG & THOMPSON

By 
Robert J. Patch, #17,355
Attorney for the Applicants
745 South 23rd Street, Suite 200
Arlington, Virginia 22202
(703) 521-2297

RJP:jlw



Supplemental Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	IDENTIFICATION OF DELIVERY OBJECTS
Attorney Docket Number::	1505-1050 <u>1501-1323</u>
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CHILE
Status:: Full Capacity
Given Name:: OSCAR
Middle Name::
Family Name:: BRAVO
Name Suffix::
City of Residence:: STOCKHOLM
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing NORRBACKAGATAN 40
Address::
City of Mailing Address:: STOCKHOLM
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-113 41

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FINLAND
Status:: Full Capacity
Given Name:: BENGT
Middle Name::
Family Name:: HAGSTROM
Name Suffix::
City of Residence:: ALVSJO
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing VIVELVAGEN 19
Address::
City of Mailing Address:: ALVSJO

State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-125 33

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: KENT
Middle Name::
Family Name:: HELGESSON-HANSER
Name Suffix::
City of Residence:: HUDDINGE
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing Address:: SKOGANGSVAGEN 30
City of Mailing Address:: HUDDINGE
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-141 43

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: HARALD
Middle Name::
Family Name:: NORDKVIST
Name Suffix::
City of Residence:: SORAKER
State or Province of
Residence::
Country of Residence:: SWEDEN

Street of Mailing BARANG 4515
Address::
City of Mailing Address:: SORAKER
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-860 35

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SWEDEN
Status:: Full Capacity
Given Name:: MARIO
Middle Name::
Family Name:: ESPINOSA
Name Suffix::
City of Residence:: SKOGAS
State or Province of
Residence::
Country of Residence:: SWEDEN
Street of Mailing FABODAVAGEN 6
Address::
City of Mailing Address:: SKOGAS
State or Province of Mailing Address::
Country of Mailing Address:: SWEDEN
Postal or Zip Code of Mailing Address:: S-142 33

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE02/00053	1/15/02

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::